



Attorney Docket No.: BP2114CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/812,533

Confirmation No. 3302

First Inventor: Morteza Cyrus Afghahi

Filed: 03/30/2004

Art Unit: 2824

Examiner: Le, Vu Anh

Title: Very Dense SRAM Circuits

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed July 19, 2004, please amend the above-identified application as follows. Please amend claims 13-17 and 20-27. Please enter new claims 28-30 and cancel claims 18 and 19. Accordingly, claims 13-17 and 20-30 are pending.



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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/812,533
Filing Date	03/30/2004
First Named Inventor	Morteza Cyrus Afghahi
Art Unit	2824
Examiner Name	Le, Vu Anh
Attorney Docket Number	BP2114CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GARLICK HARRISON & MARKISON LLP		
Signature			
Printed name	William W. Kidd		
Date	10/15/2004	Reg. No.	31,772

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	William W. Kidd	Date	10/15/2004

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